

CLAIMS ONLY

SERIAL NO. *19017767* FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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3	/					
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TOTAL IND.	-					
TOTAL DEP.	X	←	↓	←	↓	←
TOTAL CLAIMS	X	—	—	—	—	—

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.	←	↓	←	↓	←	↓
TOTAL CLAIMS	—	—	—	—	—	—

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS